· Basi Mira

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**Application or Docket Number** 

9 mosgg

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                             |                                       |                           |                 |  |                   |       | SMALL ENTITY TYPE O |   |          | OTHER THAN SMALL ENTITY |                        |
|--|--|-----------------------------|---------------------------------------|---------------------------|-----------------|--|-------------------|-------|---------------------|---|----------|-------------------------|------------------------|
| FOR  |  |                             | NUMBER FILED                          |                           |                 | NUMBER EXTRA                               |                   |       | RATE                | FEE   | OR<br>1. |                         |                        |
| BASIC FEE  |  |                             | * * * * * * * * * * * * * * * * * * * | -10 Au                    | 93 <sup>1</sup> | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   |                   |       | HAIE                | 345.00  |          | RATE                    | FEE                    |
|  |  |                             | 110.4                                 | 6.)                       | 20              | . 10                                       |                   |       | H 4 1 - 5           | 345.00  | OR       |                         | 690.00                 |
| 10   | TAL CLAIMS   | <u> 25  </u>                | 4.16                                  | 3 minus 2                 | 20=             | * <u>dn</u>                                |                   | 1 (   | X\$ 9= .            |   | OR       | X\$18=                  | 496                    |
| IND  | EPENDENT CL  | AIMS                        | 12:                                   | minus                     | 3 =             | * 9  |                   |       | X39=                |   | OR       | X78=                    | JOS                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                             |                                       |                           |                 |  |                   | +130= |                     | OR  | +260=    | 240                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                             |                                       |                           |                 |  |                   |       | TOTAL               |   | OR       | TOTAL                   | 2138                   |
| CLAIMS AS AMENDED - PART II  |  |                             |                                       |                           |                 |  |                   |       |                     |   | •        | OTHER                   | ت پري                  |
| (Column 1) (Column 2) (Column 3)   |  |                             |                                       |                           |                 |  |                   | SMALL | ENTITY              | OR  | SMALL    |                         |                        |
| AMENDMENT A  |  | CLA<br>REMA<br>AFT<br>AMEND | INING<br>TER                          |                           | PF              | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE                            |          | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                           | -                                     | Minus                     | **              | -  | =                 |       | X\$ 9=              |   | OR       | X\$18=                  |                        |
|  | Independent  | *                           | 10514                                 | Minus                     | ***             | 1  | <u> </u> = :      | li    | X39=                |   | OR       | X78=                    | **                     |
|  | FIRST PRESE  | NIAHOI                      | N OF MI                               | ULTIPLE DEF               | ENL             | DENT CLAIM                                 |                   | 1     | +130=               | <del>, , , , , , , , , , , , , , , , , , , </del> | OB       | +260=                   |                        |
|  |  |                             |                                       |                           |                 |  |                   | L     | TOTAL               |   | OR       | TOTAL                   |                        |
|  |  |                             |                                       |                           |                 |  | <b>(0.1</b> - 0.1 | A     | DDIT. FEE           |   | OR,      | ADDIT. FEE              |                        |
| _  |  | (Colu                       | IMS                                   |                           |                 | Column 2)<br>HIGHEST                       | (Column 3)        | ır    |                     | ADDI-   |          |                         | ADDI                   |
| AMENDMENT B  |  | REMA<br>AFT<br>AMEN         | TER :                                 |                           | PF              | NUMBER<br>REVIOUSLY<br>PAID (7017)         | PRESENT<br>EXTRA  |       | RATE                | TIONAL  |          | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  |                             | $\mathcal{O}$                         | Minus                     | **              | 4/   | = .               |       | X\$ 9=              |   | OR       | X\$18=                  |                        |
|  | Independent  | · / (                       | <u>ر</u>                              | Minus                     | ***             | 10   | =                 |       | X39=                |   | OR       | X78=                    | - "                    |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                             |                                       |                           |                 |  |                   |       | 400                 |   |          |                         |                        |
|  |  |                             |                                       |                           |                 |  |                   | L     | +130=<br>TOTAL      |   | OR       | +260=                   |                        |
|  |  |                             |                                       |                           |                 |  |                   | Α     | DDIT. FEE           |   | OR       | TOTAL<br>ADDIT. FEE     |                        |
|  | NEST SHAW A.   | (Colu                       |                                       | াল, জন্ত ভেডিল<br>বিভেন্ন |                 | Column 2)                                  | (Column 3)        |       |                     |   |          |                         |                        |
| AMENDMENT C  |  | REMA<br>AFT<br>AMENE        | INING<br>ER                           |                           | PF              | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA  |       | RATE                | ADDI-<br>TIONAL<br>FEE                            |          | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                           |                                       | Minus                     | **              | •  | =                 |       | X\$ 9=              |   | OR       | X\$18=                  |                        |
|  | Independent  | *                           |                                       | Minus                     | ***             |  | =                 | lŀ    | X39=                |   | Ì        | X78=                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                             |                                       |                           |                 |  |                   | -     |                     |   | OR       |                         |                        |
|  | f the entre in estimate  | o ontre in och              |                                       | +130=                     |                 | OR   | +260=             |       |                     |   |          |                         |                        |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                             |                                       |                           |                 |  |                   |       |                     |   |          |                         |                        |